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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* 4- c .

None

\*\* FOREIGN APPLICATIONS \*\*\*\*\* 4- c .

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/30/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TAIWAN	SHEETS DRAWING 7	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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## TITLE

Differential amplifier without common mode feedback

FILING FEE  RECEIVED 1180	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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